

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2015
NAME OF PROVIDER OR SUPPLIER PRESENCE VILLA FRANCISCAN		STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE JOLIET, IL 60435		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210a) 300.1210b) 300.1210d)3) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/19/15

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S9999	Continued From page 1 care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for	S9999			

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S9999	Continued From page 2 each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations were not met as evidenced by: Based on observation, interview and record review the facility, failed to evaluate/assess the cause of new onset pain and failed to develop and implement interventions to provide treatment in a timely manner for 1 of 3 sampled residents. This resulted in (R1) experiencing acute pain and fractured left ankle that was untreated for 3 days. The findings include: R1 was admitted to the facility on June 8, 2015. R1 has multiple diagnoses of which diabetes mellitus Type II, anemia, osteoporosis and fractured right ankle. The Minimum Data Set (MDS) comprehensive assessment for R1, dated June 24, 2015 was reviewed on September 23, 2015. R1 was assessed by the facility to be	S9999			

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S9999	Continued From page 3 cognitively aware with a BIMS (brief interview of mental status) score of 11/15. R1 requires extensive assistance in all areas of activities of daily living. R1 has a physicians order for 50% weight bearing on the right lower extremity. R1 was assessed to be full weight bearing on the left leg and require a mechanical lift for transfers on August 29, 2015. R1 sustained a fracture of the right ankle prior to admission. E10 (physical therapy assistant) and E11 (director of physical therapy) were interviewed on September 22, 2015 at 2PM. E10 was asked to review his daily therapy note for September 11, 2015 and written statement September 15, 2015. E10 stated R1 was brought to therapy on September 11, 2015. The note read R1 cried out in pain when the left ankle was tender to touch, swelling in the lateral malleolus, resident stated someone dropped something on her ankle during the transfer from bed to chair. E10 said R1 attempted to perform a few exercises unsuccessfully. E10 said he reported this to E11. E11 said E10 did report this to her and she instructed E10 to report this to the nurse. E10 stated returning R1 to the unit and reported to E6 (nurse), about R1's new complaints of pain in the left ankle and left leg, unable to participate in routine therapy exercises and R1 said someone dropped something on her foot during a transfer. E10 stated suggesting to E6 and x-ray of the left ankle before more therapy was done on the left extremity. E10 was asked if this was new pain. E10 said yes, R1 prior to this date was able to perform the routine activities. A review of the daily therapy note from September 7, 2015 to September 10, 2015 show R1 was able to participate in the routine exercises without complaints of pain. R1 had not complained before said E10. E10 stated	S9999			

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S9999	<p>Continued From page 4</p> <p>R1's pain was in the left ankle and lower leg. E10 stated R1 was unable to participate in routine physical therapy exercises.</p> <p>E6 was interviewed on September 22, 2015 at 9:45 AM. E6 was asked if E10 reported R1's complaints of pain in the left ankle and the inability to perform the routine therapy exercises on September 11, 2015. E6 stated yes to both questions. E6 denied E10 suggesting an x-ray of R1's left leg and ankle. E6 was asked if Z2 (primary care physician) of R1 was notified on this day of the new pain and decreased ability to participate in physical therapy exercises due to increased pain. E6 stated, "no she did not notify Z2". E6 stated R1 was given a pain pill for the pain. E6 was asked if R1's left ankle and left leg were evaluated or assessed. E6 stated, "I did not take off R1's sock ". The nurse's progress notes were reviewed for September 11, 2015 for the 6AM to 2:30 PM time frame. There were no notations documented for that time frame for R1's of complaints of pain or an assessment of the condition of the left ankle or left foot. R1's progress note dated September 18, 2015 (late entry) by E6 (nurse) describe the bruise found on September 14, 2015 was 4 cm X 4 Cm purplish/blue bruise on R1's left ankle area with a 1 1/2 inch length and 1 inch wide intermittent purplish/pink bruising going up calf.</p> <p>E5 (wound care nurse) stated on September 23, 2015 while conducting a weekly skin assessment of R1's heels. R1 stated she found purplish/blue bruises and swelling of R1's left ankle and left leg. E5 stated R1 complained of pain and she notified E6 (charge nurse). E5 stated E6 was shown the bruises and swelling and E6 said she would notify Z2.</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>R1 was observed on September 22, 2015 in bed. R1 was alert and oriented. R1 was asked to recall what caused her left ankle and leg pain and injury. R1 said two CNA's stood her and put her into bed without using the machine. R1 said they are suppose to use the machine to put me in bed and they did not. R1 stated not wanting to continue the interview and said she did not want to get anyone in trouble.</p> <p>E2 was asked why the facility did not notify Z2 on Friday September 11, 2015 when R1 complained of pain and swelling was observed by E10 in the left ankle and left leg, instead of three days later on Monday September 14, 2015. E2 stated, "not knowing why, resident tells some stories or I guess the staff wanted to see if R1 would continue to complain of pain."</p> <p>An interview with E3 (certified nursing assistant) on September 23, 2015 was conducted in the facility's conference room via telephone. E3 said R1 told her on Friday September 10, 2015, that last night two CNA's (certified nursing assistants) put her to bed without using the lift machine and said her legs were twisted. E3 stated this would have been Thursday night September 10, 2015. E3 stated R1 complained of having pain in the ankle and lower foot when this happened. E3 said she reported this to E6 (nurse) after hearing this from R1. The facility's staffing schedule show, E3 and E6 work the 6 a.m. to 2:30 p.m. shift on September 11, 2015.</p> <p>A review of E2's (director of nurses) witness interviews dated September 14, 2015 show E3 gave a written statement which detailed R1's complaints of pain and two CNA's dragged her into bed without using the machine and E6 nurse was notified.</p>	S9999			

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S9999	Continued From page 6 On September 24, 2015 at 10:45 AM via telephone Z2 stated he was not notified on Friday September 11, 2015 by the facility regarding R1's complaint of new pain to the left foot/ankle and inability to participate in routine physical therapy exercises. Z2 stated on Monday September 14, 2015 the facility nurse called and reported R1 had bruises on the left ankle and pain. Z2 stated he ordered an x-ray of R1's left ankle. Z2 said the results were R1 had a spiral fracture involving the left fibula. Z2 stated he gave orders for the facility to transfer R1 to the emergency room for evaluation and treatment Z2 on September 24, 2015 at 10:45 AM, was told R1 began to complain of pain in the left ankle on Friday September 11, 2011 when in physical therapy. E10's (physical therapy note dated September 11, 2015 was read to Z2, "c/o (complained) of pain in left ankle today rated 7/10..cried out in pain when ankle was touched...noted swelling in lateral malleolus. Z2 stated he was not notified or made aware of R1's physical condition. A review on September 22, 2015 of E2's left ankle and leg x-ray report conducted in the emergency room on September 14, 2015, show an obliquely oriented nondisplaced fracture involving the distal left fibula with slight cortical irregularity along the medial malleolus raising concern for a nondisplaced fracture in this region. (B)	S9999			